

CHANGE OF ADDRESS FORM

Name _____

Social Security # _____

MAILING/BILLING ADDRESS

This address is public record. It is printed in the Maryland Lawyers' Manual, made available to Pro Bono and IOLTA and is on the CPF website.

Business Name _____

Suite/Apt/Unit _____

Street _____

City _____

State _____ Zip Code _____

County _____

SECONDARY

This address is confidential and cannot be used as a mailing address.

Business Name _____

Suite/Apt./Unit _____

Street _____

City _____

State _____ Zip Code _____

Work Phone (to be published) _____

Home Phone (to be kept private) _____

Email Address _____

MAIL OR FAX THIS FORM TO:

Client Protection Fund of the Bar of Maryland
2011 Commerce Park Drive
Annapolis, MD 21401
Telephone 410-260-3635
Facsimile 410-260-3636
Website www.courts.state.md.us/cpf